

# Xerox WorkCentre 5335

## Transmission Report

G3-ID  
Local Name  
Company Logo

xerox

Date & Time : 07/12/2018 11:49 AM  
Page : 1(Last Page)

The job has been sent.  
Original Size: 8.5 x 11"



July 12, 2018

Lorain County Jail  
ATTN: RECORDS

Sent via fax to 440.329.3766

THIRD REQUEST

RE: Steven Conley  
DOB: 03/30/1999  
DOI: 12/22/2017 to 02/20/2018

Please consider this letter an official Ohio Public Records Act request, pursuant to Ohio Revised Code Sec. 149, et seq. Attached please find a copy of an Authorization to Disclose you to also provide his medical records.

Pursuant to the Ohio Public Records Disclosure Act, I hereby request your office to provide each and every document relating to Steven Conley and his stay in the Lorain County Jail from 12/22/2017 to 02/20/2018, within seven (7) business days of receipt of this letter.

In addition, we are deeply concerned that information regarding the case will be lost, altered or destroyed before it reaches the undersigned counsel. You have a duty under Ohio law to preserve these records.

This is a follow-up to our two previous requests attached hereto. First, the responses to the first request were not complete and this request was sent over sixty days ago. Please provide immediately.

We requested:

I. All photographs, video, and audio of Steven Conley during his incarceration from 12/22/2017 to 02/20/2018, including but not limited to booking and intake.

### Malik Law

CIVIL RIGHTS FOR CIVIL WRONGS®  
MalikLaw.com

8337 Mayfield Road Suite 101  
Chesterland, Ohio 44026

Office 440.729.8260  
FAX 440.450.1177

#	Job	Remote Station	Start Date & Time	Duration	Pages	Protocol	Contents	Status
1	9519	4403293766	7-12; 11:47 AM	2:16	10/10	Super G3		Completed



July 12, 2018

Lorain County Jail  
ATTN: RECORDS

# THIRD REQUEST

Sent via fax to 440.329.3766

RE: Steven Conley  
DOB: 03/30/1999  
DOI: 12/22/2017 to 02/20/2018

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**In addition, we are deeply concerned that information regarding the case will be lost, altered or destroyed before it reaches the undersigned counsel. You have a duty under Ohio law to preserve these records.**

**This is a follow-up to our two previous requests attached hereto. First, the responses to the first request were not complete and this request was sent over sixty days ago. Please provide immediately.**

**We requested:**

1. All photographs, video, and audio of Steven Conley during his incarceration from 12/22/2017 to 02/20/2018, including but not limited to booking and intake.

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We received a video from January 30, 2018 of officers escorting Mr. Conley from one area of the jail into a doorway. This video is supposed to go from 8:06:36 to 8:08:59. However the following portions of the video are missing:

- i. 8:06:53 to 8:07:16
  - ii. 8:07:33 to 8:07:43
  - iii. 8:08:09 to 8:08:16
  - iv. 8:08:26 to 8:08:58
- b. We received no video of the area from which Mr. Conley was taken prior to the escort shown on the incomplete video labeled by you as 18-462 Conley SNP. Please provide this video immediately.
  - c. We received no video of a spit mask being put on Mr. Conley. Please provide this video immediately.
  - d. We received no video of Mr. Conley being put in the restraint chair. Please provide this video immediately.
  - e. We received no video of Mr. Conley for the time he remained in the restraint chair. Please provide this video immediately.
  - f. We received no video of Mr. Conley being removed from the restraint chair.

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- g. These requests are specific in nature to identify what we believe we are still missing. These requests in no way limit your responsibility to abide by our original request to produce ALL photographs, video, and audio of Steven Conley during his incarceration from 12/22/2017 to 02/20/2018.

Please confirm in writing that we have full, accurate, and complete responses to the following. If we are not in receipt of full, accurate, and complete responses to the following, please provide immediately.

2. Each and every investigatory record and/or photographs/ documents/video/audio relating to Steven Conley and his incarceration from 12/22/2017 to 02/20/2018.

3. The complete medical file for Steven Conley for his incarceration in the Lorain County Jail from August 2011 to August 2016, including but not limited to Steven Conley and his incarceration from 12/22/2017 to 02/20/2018.

4. The complete mental health file for Steven Conley for his incarceration in the Lorain County Jail from 12/22/2017 to 02/20/2018, specifically all mental health records related to Steven Conley and his incarceration from 12/22/2017 to 02/20/2018.

5. Each and every statement obtained by investigators relating to Steven Conley and his incarceration in the Lorain County Jail from 12/22/2017 to 02/20/2018.

6. Each and every incident report relating to Steven Conley and his incarceration in Lorain County Jail from 12/22/2017 to 02/20/2018.

We have yet to receive the following. Please provide immediately.

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7. Produce an index of all jail policies and procedures.
8. Produce the written policy, procedure, protocol, for the following:
  - A) Using force on inmates.
  - B) Using a restraint chair.
  - C) Handcuffing inmates.
8. Each and every kite and request for medical attention sent by Steven Conley from 12/22/2017 to 02/20/2018.
9. Produce all emails related to Steven Conley and his incarceration in the Lorain County Jail from 12/22/2017 to 02/20/2018.
10. Any and all discipline records of any corrections staff that was disciplined for incidents related to Steven Conley from 12/22/2017 to present.

**Lastly, we have not received any responsive documents to our second request dated May 11, 2018. Please provide immediately.**

Thank you for your assistance with this request. If you have any questions, please call me at the number below.

Sincerely,

Sara Gedeon, Esq.

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March 9, 2018

Lorain County Jail  
ATTN: RECORDS

Sent via fax to 440.329.3766

RE: Steven Conley  
DOB: 03/30/1999  
DOI: 12/22/2017 to 02/20/2018

Please consider this letter an official Ohio Public Records Act request, pursuant to Ohio Revised Code Sec. 149, et seq. Attached please also find a copy of an Authorization to Disclose Health Information signed by the Steven Conley authorizing you to also provide his medical records.

Pursuant to the Ohio Public Records Disclosure Act, I hereby request your office to provide each and every document relating to Steven Conley and his stay in the Lorain County Jail from 12/22/2017 to 02/20/2018, within seven (7) business days of receipt of this letter.

**In addition, we are deeply concerned that information regarding the case will be lost, altered or destroyed before it reaches the undersigned counsel. You have a duty under Ohio law to preserve these records.**

1. The entire jail file for Steven Conley for his incarcerations beginning 12/22/2017 to 02/20/2018.
2. All photographs, video, and audio of Steven Conley during his incarceration from 12/22/2017 to 02/20/2018, including but not limited to booking and intake.
3. Each and every investigatory record and/or photographs/ documents/video/audio relating to Steven Conley and his incarceration from 12/22/2017 to 02/20/2018.

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4. The complete medical file for Steven Conley for his incarceration in the Lorain County Jail from August 2011 to August 2016, including but not limited to Steven Conley and his incarceration from 12/22/2017 to 02/20/2018.
5. The complete mental health file for Steven Conley for his incarceration in the Lorain County Jail from 12/22/2017 to 02/20/2018, specifically all mental health records related to Steven Conley and his incarceration from 12/22/2017 to 02/20/2018.
6. Each and every statement obtained by investigators relating to Steven Conley and his incarceration in the Lorain County Jail from 12/22/2017 to 02/20/2018.
7. Each and every incident report relating to Steven Conley and his incarceration in Lorain County Jail from 12/22/2017 to 02/20/2018.
8. Produce an index of all jail policies and procedures.
9. Produce the written policy, procedure, protocol, for the following:
  - A) Using force on inmates.
  - B) Using a restraint chair.
  - C) Handcuffing inmates.
8. Each and every kite and request for medical attention sent by Steven Conley from 12/22/2017 to 02/20/2018.
9. Produce all emails related to Steven Conley and his incarceration in the Lorain County Jail from 12/22/2017 to 02/20/2018.
10. Any and all discipline records of any corrections staff that was disciplined for incidents related to Steven Conley from 12/22/2017 to present.

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Thank you for your assistance with this request. If you have any questions, please call me at the number below.

Sincerely,

Sara Gedeon, Esq.

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May 11, 2018

Lorain County Jail  
ATTN: RECORDS

Sent via fax to 440.329.3766

RE: Steven Conley  
DOB: 03/30/1999  
DOI: 12/22/2017 to 02/20/2018

Please consider this letter an official Ohio Public Records Act request, pursuant to Ohio Revised Code Sec. 149, et seq. Pursuant to the Ohio Public Records Disclosure Act, I hereby request your office to provide the complete personnel and disciplinary for the following officers. I have attached produced documents for your reference.

1. Officers' signatures listed on Report Number 18462 - #237 and #239 and the Corporals signature at the bottom of these two reports.
2. Officer Ruben Ortiz #249.
3. Officer Stanley #245.
4. Office In Charge listed on ORI Number OH0470000.
5. Assisting Officers listed on ORI Number OH0470000.

In addition, we did not receive the following from our request dated March 9, 2018:

6. Produce an index of all jail policies and procedures.
7. Produce the written policy, procedure, protocol, for the following:
  - A) Using force on inmates.

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- B) Using a restraint chair.
- C) Handcuffing inmates.

8. Each and every kite and request for medical attention sent by Steven Conley from 12/22/2017 to 02/20/2018.
9. Produce all emails related to Steven Conley and his incarceration in the Lorain County Jail from 12/22/2017 to 02/20/2018.
10. Any and all discipline records of any corrections staff that was disciplined for incidents related to Steven Conley from 12/22/2017 to present.

Thank you for your assistance with this request. If you have any questions, please call me at the number below.

Sincerely,

Sara Gedeon, Esq.

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## AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name: Steven Conley  
 Patient Address: 31867 Bagley Rd. North Edgelyville Ohio 44139  
 Health Record Number: \_\_\_\_\_  
 Date of Birth: 03/30/1999 Social Security No. 278-04-5287

1. I authorize the use or disclosure of the above named individual's health information as described below:

2. Purpose for Disclosure: litigation

(Purpose for disclosure must be completed prior to processing, e.g., continuing care, personal use, legal.)

3. Dates of service to release (FROM): 12/22/2017 (TO): 02/20/2018

4. The following individual or organization is authorized to make the disclosure:

Lorain County Jail

(Address)

5. The type and amount of information to be used or disclosed is as follows:

<input checked="" type="checkbox"/> Medication List	<input checked="" type="checkbox"/> Discharge Summary	<input checked="" type="checkbox"/> Emergency Dept. Reports
<input checked="" type="checkbox"/> History and Physical	<input checked="" type="checkbox"/> Laboratory Results	<input checked="" type="checkbox"/> Operative Reports
<input checked="" type="checkbox"/> Radiology Reports	<input checked="" type="checkbox"/> Radiation Oncology Records	<input checked="" type="checkbox"/> Consultation Reports
<input checked="" type="checkbox"/> Entire Record should be Certified	<input checked="" type="checkbox"/> Medical Bills	<input checked="" type="checkbox"/> Homecare Records
<input checked="" type="checkbox"/> Medical Report	<input checked="" type="checkbox"/> Office Visits	<input checked="" type="checkbox"/> Other
<input checked="" type="checkbox"/> Cardiac Reports	<input checked="" type="checkbox"/> Physical & Occupational Reports	<input checked="" type="checkbox"/> Please certify all records

6. I understand and acknowledge that the information in my health record may include information regarding physical and mental illness, HIV test results or diagnosis, treatment of AIDS/AIDS-related conditions, and/or alcohol/drug abuse. This authorization does not include permission to release outpatient Psychotherapy Notes as defined below.\* Release of Psychotherapy Notes requires a separate authorization.

7. This information may be disclosed to and used by the following individual or organization:

David B. Malik, Esq.  
 8437 Mayfield Road, Suite 101  
 Chesterland, OH 44026

216.789.2485; 440.490.1177(fax); [David@davidmaliklaw.com](mailto:David@davidmaliklaw.com); [Sara@davidmaliklaw.com](mailto:Sara@davidmaliklaw.com)

8. This authorization and consent will expire one year from the date of authorization written below, unless revoked by me (or my legal representative) through written notice to the health information management department. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation does not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

9. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. After my health information is released, my information may be re-disclosed by the recipient and may no longer be protected by law. The recipient of my health information may be charged for the service of releasing medical information. There is no charge to send records directly to my health care provider.

Steven Conley  
 Signature of Patient or Legal Representative

Steven Conley  
 Printed Name

03/08/2018  
 Date

If Signed by Legal Representative, Relationship to Patient

[Signature]  
 Signature of Witness

\*Psychotherapy Notes are defined as notes that document private, joint, group, or family counseling services that are separate from the rest of a patient's medical records.

\*\*If other than the patient's signature, a copy of legal paperwork verifying the patient's personal representative MUST accompany the request (e.g., court appointed guardians, durable power of attorney for health care) Exception: parent signing for a patient under the age of eighteen.

\*\*\*For a deceased patient, a court entry or order appointing a fiduciary, executor or administrator, or letters of appointment received from Probate Court must accompany an authorization signed by the named individual. If the estate has not been probated, a death certificate is required to be submitted with the document naming the administrator or executor of the estate.